

## This brochure is for use with the following General Applications:

### **SPORTS**

- Amateur Boxing & Wrestling
- Athletic Officials
- Gymnastic Clubs
- Gymnastics Schools
- Horseback Activity
- Horseback Club
- Horseback School
- Contact Football, Ice Hockey or Wrestling Camp
- Martial Arts – Amateur
- Skating Activity

### **VOLUNTEERS**

- Volunteer Board Members
- Volunteer Home Building
- Volunteer Service
- Volunteer Workers

### **SCHOOLS**

- Public Day School
- Religious Day School
- Migrant Children's Day School
- Childbirth Education
- Enrichment Education
- Police/Fire Academy

### **YOUTH**

- Dance Schools
- YMCA/YWCA
- Youth Odd Jobs
- Youth on Probation
- Youth Work Study

### **MISC.**

- Alternative Community Services
- Adult Daycare
- Amateur Circus
- Amateur Rodeo
- Amateur Theater
- Annual Trips
- Babysitting Activities
- Battle Reenactments
- Church Activities
- Delivery Persons
- Demolition Derby
- Expos, Fairs, Festivals
- Outfitters and Guide
- Self-Help programs

# ATTACH POLICY APPLICATION HERE

Print or type only

## DAILY RATE PREMIUM REPORT (Not required if policy is renewable AND has "in arrears" billings.)

This report MUST be completed when individual Daily premiums are used for Application to be accepted.

Age Range of Participants (not staff): \_\_\_\_\_ to \_\_\_\_\_ years of age

Covered Activity(ies)	Date(s) of Activity(ies)	Daily Premium Rate	Total Number of Days	Total Premium per Eligible Person	Max number of Eligible Persons	Premium Due*
		\$	X	= \$	X	= \$
		\$	X	= \$	X	= \$
		\$	X	= \$	X	= \$
		\$	X	= \$	X	= \$
<b>Total Premium Due (Subject to policy minimum*)</b>						<b>\$</b>

If renewable, the estimated number of eligible persons per billing frequency is \_\_\_\_\_.

**\*The annual minimum premium per policy term is \$225 for PRIMARY medical coverage and \$175 for EXCESS medical coverage.**

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be insured during the policy term; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

Date \_\_\_\_\_ by Signature of Applicant \_\_\_\_\_  
 Day Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Note:** For authorized checking account withdrawal (also called Automated Clearing House "ACH") download and complete the Authorization Form found at [www.nationwide.com/ach](http://www.nationwide.com/ach) or for credit card payment call, 844-203-2691.

## MONTHLY OR ANNUAL PREMIUM REPORT (Not required if policy is renewable AND has "in arrears" billings.)

This report MUST be completed when (MONTHLY, QUARTERLY, SEMI-ANNUAL, ANNUAL) premiums are used for Application to be accepted.

Age Range of Participants (not staff): \_\_\_\_\_ to \_\_\_\_\_ years of age

Covered Activity(ies)	Number of Eligible Persons	Premium Rates per Eligible Person	Premium Due*
		X \$	= \$
		X \$	= \$
		X \$	= \$
<b>Total Premium Due (Subject to policy minimum*)</b>			<b>\$</b>

If renewable, the estimated number of eligible persons per billing frequency is \_\_\_\_\_.

**\*The annual minimum premium per policy term is \$225 for PRIMARY medical coverage and \$175 for EXCESS medical coverage.**

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be insured during the policy term; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

Date \_\_\_\_\_ by Signature of Applicant \_\_\_\_\_  
 Day Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Note:** For authorized checking account withdrawal (also called Automated Clearing House "ACH") download and complete the Authorization Form found at [www.nationwide.com/ach](http://www.nationwide.com/ach) or for credit card payment call, 844-203-2691.

# ATTACH POLICY APPLICATION HERE

**PER BOUT PREMIUM REPORT** (Not required if policy is renewable and has “in arrears” billings.)  
 This report MUST be completed when BOXING, AND/OR WRESTLING BOUT premiums are used for Application to be accepted.

Age Range of Participants (not staff): \_\_\_\_\_ to \_\_\_\_\_ years of age

Covered Activity	Number of Bout(s)	Number of Participants per Bout	Number of individual Bout(s)	Premium Rate per Bout	Premium Due*
		X	=	X \$	= \$
		X	=	X \$	= \$
		X	=	X \$	= \$
<b>Total Premium Due (Subject to policy minimum*)</b>					<b>\$</b>

**\*The annual minimum premium per policy term is \$225 for PRIMARY medical coverage and \$175 for EXCESS medical coverage.**

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of individual bouts anticipated to be insured during the policy term; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

\_\_\_\_\_  
Date

by \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Day Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

**Note:** For authorized checking account withdrawal (also called Automated Clearing House “ACH”) download and complete the Authorization Form found at [www.nationwide.com/ach](http://www.nationwide.com/ach) or for credit card payment call, 844-203-2691.

## Medical Expense Benefit

If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

**Covered expenses** means the reasonable and customary charges for local (“local” not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- (1) hospital or surgical center care;
- (2) medical treatment;
- (3) nursing care provided by a licensed nurse;
- (4) X-rays and lab exams;
- (5) prescription drugs and therapeutic services and supplies;
- (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC);
- (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
  - (a) physical, occupational, respiratory and speech therapy,
  - (b) the services of a home health aide and
  - (c) medical supplies.

If excess medical has been elected, we will not pay benefits for, nor can this plan’s deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under certain other policies and/or health plans as stated in the policy

Coverage is provided under policy form No.: GR-9051-2 or GR-9051-4

Certain provisions of the policy are summarized in this folder. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

## Death Benefit

If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay the death benefit less any specific loss benefit paid because of the same accident. The one year limit does not apply in a PA or WV contract.

## Specific Loss Benefit

If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay:

Specific Loss	% of Face Amount
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of Same Hand	25%

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

## Weekly Accident Income Benefit (Availability differs by product. Reductions do not apply in a NJ or NY contract.)

If, as a result of injury, an insured becomes totally disabled within 90 days from the date of the accident causing the injury we will pay (subject to any reduction — see below) the weekly accident income benefit (if applicable) on the following basis:

- (1) benefits start on the day shown in the application;
- (2) weekly benefit amounts are shown in the application. If payment is for part of a week, the daily rate will be 1/7 of the weekly benefit; and
- (3) benefits for a period of disability will end on the first of these to occur:
  - (a) the death of the insured,
  - (b) when the total disability ends,
  - (c) when the number of weeks for which benefits have been paid equals the maximum number of weeks shown in the application, or
  - (d) when the insured is age 70.

**Total disability** or **totally disabled** means disability caused by an injury:

- (1) which keeps the insured from performing, with reasonable continuity, the substantial and material duties of his or her regular job; and
- (2) during which the insured is either under the regular care of a doctor, or at the maximum point of recovery as determined by competent medical authority.

## Weekly accident income benefit (Continued) (reductions do not apply in a NJ or NY contract)

**Period of disability** means the period of time when the insured is totally disabled. Successive periods of disability are treated as one unless the latest is because of an unrelated cause and begins after the insured returns to active work for at least one full day. (If a NJ contract, successive periods of disability are also not treated as one if the disabilities are separated by at least 6 months.)

**Reduction** means that the weekly accident income benefit amount payable to an insured for total disability will be reduced as much as is necessary to keep the total of the amount payable plus all of the insured's income from other sources from being more than 75% of his or her gross average weekly earnings from all salaries, wages, commissions, bonuses and other direct regular job income.

**Income from other sources** means periodic benefits for loss of time payable or provided for the same period of disability or a part of that period under:

- (1) certain other insurance contracts or retirement plans as stated in the policy;
- (2) an employer, labor management, and/or union sponsored salary continuance, disability or retirement plan;
- (3) Workers' Compensation, Unemployment Compensation, or similar occupational laws; and
- (4) the Social Security Act, the Railroad or Civil Service Retirement Act (not applicable in SC), any compulsory state disability benefit law, or any other loss of time or retirement plan provided by a government authority of any country (including any state, province, or political subdivision). Increases in the amounts paid under items (3) and (4) above which occur after the benefit period begins will not be used to further reduce the amount we will pay.

**Regular Job** means either: the insured's job at the time the injury occurred; or if, at the time the injury occurred, the insured is not working because of layoff, employer termination, general strike, unionized labor dispute or lockout, his or her job immediately before such action.

Coverage is provided under policy form No.

GR-9051-2 if renewable benefits are provided or GR-9051-4 if non-renewable benefits are provided.

Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

## Policy Exclusions & Limitations

We will not pay benefits for expenses incurred for:

- (1) the examination, prescription, purchase or fitting of eye-glasses, contact lenses or hearing aids; or
- (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or
- (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured's spouse (if a NJ contract, care or treatment furnished by a member of the insured's immediate family).

Nor will we pay benefits for loss or expenses resulting from:

- (4) intentional self-destruction or an attempt at it, or intentional self-inflicted injury (if MO contract, while sane);
- (5) war or an act of war, declared or undeclared; or
- (6) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

## How do you apply and pay for coverage?

Complete ALL fields on the application. Be sure to sign and date where indicated. **We need to receive the completed application and premium payment BEFORE the desired policy effective date.**

### APPLICATION OPTIONS

**Online** at [nationwide.com/grouprotector](http://nationwide.com/grouprotector)

**Mail** the application and Premium Report, if applicable, to GrouProtector / K&K Insurance Group, Inc., PO Box 2338, Fort Wayne IN 46801

**E-mail:** Scan the application and Premium Report, if applicable and email them to [grouprotector@kandkinsurance.com](mailto:grouprotector@kandkinsurance.com). Include payment by filling out, scanning and emailing the ACH form or submit payment with a credit or debit card. If you prefer, you may mail a check (see below).

**Fax:** the application and Premium Report, if applicable, to 260-459-5903. Submit payment by credit or debit card, ACH, or if you prefer you may mail a check (see below).


### PAYMENT OPTIONS

**Pay by mail:** Mail payment to GrouProtector c/o K&K Insurance Group, Inc., PO Box 2338, Fort Wayne, IN 46801


**Pay by credit or debit card:** Call (844) 203-2691

**Pay by electronic check (ACH):** Download and complete the Automated Clearing House (ACH) Authorization Form found at [nationwide.com/ach](http://nationwide.com/ach) and mail, fax or e-mail the ACH form with your application.

## How do you contact us?

 1-844-203-2691  
(8:00 a.m. – 5:00 p.m. ET, M-F)

 1-260-459-5903

 GrouProtector / K&K Insurance Group  
PO Box 2338  
Fort Wayne, IN 46801

 [grouprotector@kandkinsurance.com](mailto:grouprotector@kandkinsurance.com)

 [nationwide.com/grouprotector](http://nationwide.com/grouprotector)



**Nationwide®**

Underwritten by Nationwide Life Insurance Company.  
Administered by K&K Insurance Group, Inc.

Nationwide, the Nationwide N and Eagle, Nationwide is on your side and GrouProtector are service marks of Nationwide Mutual Insurance Company.

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## Fraud Warnings

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (FL) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- (KY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- (LA) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- (MD) Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.
- (PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- (PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

## Please read these important notices and warnings

All cases are subject to the acceptance of the risk and may be subject to review of prior claims experience.

Unless otherwise specified in the Benefit Provisions, this policy does not provide coverage for sickness or for legal liability.

This policy does not provide basic hospital, basic medical or major medical insurance. (In NY: as defined by the New York State Insurance Department)

(NY) The insurance offered in this brochure is (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.